Review Date:

Concept Title:

Principal Investigator:

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**Operational Feasibility Review:**

**Yes No N/A Comments**

Is this an investigator-initiated study?

**If Yes**, There is sufficient

financial commitment to

adequately conduct the trial

Planned source(s) of funding:

Please list here any other factors that may influence the operational feasibility of this trial:

Expected UCSF Accrual Total:       Expected UCSF Annual Accrual:

Can targeted accrual be met? (note here prior trial accrual for similar population; any potential obstacles to enrollment, etc.):

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**Scientific/Merit Review:**

High  Average  Low

**Recommendation:**

Approved for development

Bring back revised concept to committee for re-discussion

Rejected

**Comments/helpful suggestions:**

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Chair/Co-Chair Signature Date

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Responsible Site Committee